

**CABLE TELEVISION COMPLAINT FORM**

COMPLAINT# \_\_\_\_\_

City of Morgan Hill – Environmental Programs Division  
17555 Peak Avenue, Morgan Hill, CA 95037  
(408) 779-7247

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Taken By \_\_\_\_\_

CABLE COMPANY TELEPHONES: ☐ Can't Reach ☐ No Return Call ☐ Long Hold/How Long? \_\_\_\_\_☐ Courteous ☐ Discourteous ☐ Helpful CSR ☐ CSR Unhelpful**A. INSTALLATION PROBLEM**

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Other \_\_\_\_\_

**B. SERVICE PROBLEM**

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Converter Problem
4. ☐ Bad Picture
5. ☐ Disconnect
6. ☐ Reconnect (wants)
7. ☐ Upgrade/Downgrade
8. ☐ Additional Outlet
9. ☐ Other \_\_\_\_\_

**C. BILLING PROBLEM**

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ Other \_\_\_\_\_

**D. CONSTRUCTION PROBLEM**

1. ☐ Area Not Wired For Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Method of Wiring
5. ☐ Other \_\_\_\_\_

**E. OUTAGE**

First Noticed \_\_\_\_\_ Restored \_\_\_\_\_

**F. MISCELLANEOUS**

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ Customer Service Hours
4. ☐ Customer Service Availability
5. ☐ Other \_\_\_\_\_

*Appointment Date(s)**Channels Affected**Previous Repairs****DESCRIPTION OF COMPLAINT:******(FOR OFFICIAL USE ONLY)****Referred to (at cable company) and date:**Action Taken By (to be filled in by cable company):****HANDLED BY:******DATE COMPLETED BY CHARTER COMMUNICATIONS:***